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	Under the Paper	work Red	ection Act	of 1995, no p	CINCIDA ATE	required to s	U. S. Par	lent a	Appro and Tradema of informati	oved for use the lark Office; U.S on unless it di	roceth I L DEPA Solava	0/31/2002. C RTMENT O	OMB 0651-00 OF COMMER
Approved for use through 10/31/2002. OMB 06/3 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMM Under the Panerwork Reduction Act of 1995, no persona are required to respond to a collection of information unless it displays a wall OMR common nu PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number													
								_	[10/	02	5,4	61
CLAIMS AS FILED - PART ((Column 1) (Column 2)							SMALL ENTITY			OTHER SMALL			
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE	1	RATE	FEE
BASIC FEE (17 CFR 1.16(a))									198	s	OR	752	5
TOTAL CLAIMS (37 CFR 1.16(cf)			A _ minus 20 =			. 6			x \$=		OR		1
INDEPENDENT CLAIMS (77 CFR 1.14(h))			3 minus 3 -			. 0			x=		OR	x=	
MULTIFLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(4))									- -		OR	+=	
♦ If the difference in column 1 is less then zero, enter "O" in column 2									TOTAL		OR	TOTAL	740
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER T		
AMENDMENT A					PREV	GHEST IMBER IOUSLY ID FOR	PRESENT RATE TIC	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total (37 CFR 1.16(c))	. 4	6	Minus	**	20	- 16	x \$=		OR	x 5 <u>18</u> =	788	
	Independent (37 CFR L.16(b))	*	7	Minus	***	3	- 4		x=		OR OR	x 84.	336
·	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.144)								·		OR	+ -	
	(Column 1) (Column 2) (Column 3)							. AD	TOTAL DIT, FEE		OR	TOTAL DDIT, FEE	624
AMENDMENT B		CLA REMA AFT AMENI	ining Er		NU PREV	HEST MBER TOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	OR OR	RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	•		Minus	••		=		· S=			x \$=	
	Independent (37 CFR 1.16(kg)	•		Minus	***	<u></u>	=	1[,	·			×=	
•	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (07 CFR 1.14(40)										OR	+=	
(Column 1) (Column 2) (Column 3)								AE	TOTAL ODIT. FEE		OR A	TOTAL DOIT. FEE	
AMENDMENT C		CLA REMAI AFTI AMEND	NING ER		PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	•		Minus	**		-	k	· S=		OR	x S=	
	Independent (37 CFR 1.16(by)	•		Minus	***		-				OR OR	×	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 07CFR 1.14(d)							[•			OR		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

Burden Hour Statemens: This form is estimated to take 0.1 hours to complete. I after will vary depending upon the needs of the individual case.

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